

## MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05795

51

Reg. Dist. No.....

## CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>W. Frederick</i>		LENGTH OF STAY (in this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Calvert Co. Hospital</i>		3. NAME OF DECEASED (First) <i>Eloka</i> (Middle) <i></i> (Last) <i>Barefield</i>	
4. SEX <i>F</i>	5. COLOR OR RACE <i>C</i>	6. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>widow</i>	7. DATE OF BIRTH <i>Feb 29 1893</i>
8. DATE OF BIRTH <i>Feb 29 1893</i>	9. AGE last birthday <i>57 yrs.</i>	10. BIRTHPLACE (State or foreign country) <i>Calvert Co. Md</i>	11. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>David Smith.</i>		14. MOTHER'S MAIDEN NAME <i>Mary Johnson.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <i>Rebecca Smith Lusby, md</i>		18. MEDICAL CERTIFICATION <i>Cerebral Hemorrhage</i>	
19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause <i>331X</i> Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>830a</i> (a) (b) (c)			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) m.	(Year) INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at....., 19....., from the causes and on the date stated above. SIGNATURE <i>Jane Jett</i> (Degree or title) <i>Jane Jett</i> ADDRESS DATE SIGNED <i>1/30 m.</i>			
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>6-8-51</i>	NAME OF CEMETERY OR CREMATORIAL <i>St. Johns</i>
DATE REC'D BY LOCAL REG. <i>6/8/51</i>		REGISTRAR'S SIGNATURE <i>N.W. Ward</i>	LOCATION (City, town, or county) (State) <i>Calvert, Md</i>
24. FUNERAL DIRECTOR <i>P.C. Sewell &amp; Son Frederick, Md</i>		ADDRESS	

RECEIVED

BUREAU V. S.

JUN 12 1951

6

## MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05796

51

Reg. Dist. No.....

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

COUNTY

Calvert

MARYLAND

CITY (If outside corporate limits, write RURAL and OR give nearest town)

TOWN

Dowell

LENGTH OF STAY  
(in this place)

life

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

## 2. USUAL RESIDENCE (HOME) OF DECEASED

STATE

Maryland

COUNTY

Calvert

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN

Dowell

(If rural, give location)

STREET  
ADDRESS3. NAME OF  
DECEASED  
(Type or Print)

(First)

(Middle)

(Last)

4. DATE  
OF  
DEATH

(Month)

(Day)

(Year)

## 5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify)

## 8. DATE OF BIRTH

9. AGE last birthday

If under 1 year

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (State or foreign country)

## 12. CITIZEN OF WHAT COUNTRY

## 13. FATHER'S NAME

## 14. MOTHER'S MAIDEN NAME

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT AND ADDRESS

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a)

Carcinoma of Prostate

INTERVAL BETWEEN  
ONSET AND DEATH

## 177X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19h. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 

## 21. ACCIDENT (Specify)

## SUICIDE

## HOMICIDE

PLACE (Home, farm, factory, street, OF office bldg., etc.)

INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)

OF INJURY

INJURY OCCURRED

While at Work

Not While At work

m.  

HOW DID INJURY OCCUR?

## 22. I hereby certify that I attended the deceased from

June 13, 1951, to June 17, 1951,

alive on June 13, 1951, and that death occurred at 8:00 A.M.

Degree or title)

from the causes and on the date stated above.

ADDRESS DATE SIGNED

SIGNATURE

Page C. Jett by F. G. Rushl M.D.

June 17, 1951

## 23. BURIAL, CREMATION &amp; DATE THEREOF

## REMOVAL (Specify)

Burial

June 19, 1951

St. Paul's Cemetery

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

REG. 6-18-51

24. FUNERAL DIRECTOR

REGISTER'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

A. O. Warkness &amp; Son - Mutual, Md.

9/10/51

REFERENCE  
UN 26 1951

BUREAU Y-5

## MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05797

## CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH COUNTY Cabret		2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Broome Island		LENGTH OF STAY (in this place) life	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Broome Island STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)	(First) Maud	(Middle) J.	(Last) Elliott
4. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) M	8. DATE OF BIRTH Sept. 8, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	9. AGE last birthday 74 yrs.	11. BIRTHPLACE (State or foreign country) Charles County, Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.	13. FATHER'S NAME William Norman	14. MOTHER'S MAIDEN NAME Sarah J. Norman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT AND ADDRESS J. Frank Elliott - Broome Island, Md.	
18. MEDICAL CERTIFICATION Heart failure due to generalized arterio-sclerosis			
INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  450.0 Immediate cause (a) _____ Antecedent cause(s) (b) _____ Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) _____  97			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Jun 20, 1957, to Jun 20, 1957, that I last saw the deceased alive on Jun 20, 1957, and that death occurred at 2 am m., from the causes and on the date stated above. SIGNATURE Dr. Edmund H. Ward DATE SIGNED 6/21/57 ADDRESS 51 Leonard St. Boston, Mass.			
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF June 20, 1957	NAME OF CEMETERY OR CREMATORIAL Bones Island Cem.	LOCATION (City, town, or county) Broome Island, Md. (State)
DATE REC'D BY LOCAL REG. 6/21/57	REGISTRAR'S SIGNATURE H. W. Ward	24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md.	ADDRESS

VS. 715

**REGEVIE**  
W.M. 36 1951  
**SCREW A.S.**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05798

Reg. Dist. No. 52

## CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Willows</i>		LENGTH OF STAY (in this place) <i>yes</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Willows</i>	
STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <i>George</i>	(First) <i>G</i>	(Middle) <i>V</i>	(Last) <i>Essex</i>
4. DATE OF DEATH <i>6 22 1951</i>	(Month) <i>6</i>	(Day) <i>22</i>	(Year) <i>1951</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 28 1875</i>
9. AGE last birthday yrs. <i>76</i>	10. KIND OF BUSINESS OR INDUSTRY <i>Farm owner</i>	11. BIRTHPLACE (State or foreign country) <i>York</i>	12. CITIZEN OF WHAT COUNTRY? <i>England</i>
13. FATHER'S NAME <i>George &amp; Essex</i>	14. MOTHER'S MAIDEN NAME <i>Mary Weston &amp; George</i>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Unknown</i>	
16. SOCIAL SECURITY NO. <i>- - - - -</i>	17. INFORMANT AND ADDRESS <i>Raymond Crawford</i>	18. MEDICAL CERTIFICATION <i>Acute debilitation of Heart</i>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
434.3 <i>95c</i>	Immediate cause <i>(a)</i>	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>(b)</i>	
	<i>(c)</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <i>Found dead on kitchen table</i>			
19a. DATE OF OPERATION <i>6/15/51</i>	19b. MAJOR FINDINGS OF OPERATION <i>- - - - -</i>	20. AUTOPSY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>Injury</i>	(CITY OR TOWN) <i>- - - - -</i>	(COUNTY) <i>- - - - -</i>
TIME (Month) (Day) (Year) (Hour) OF INJURY <i>6/15/51</i>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <i>- - - - -</i>	
22. I hereby certify that I attended the deceased from ..... , 19....., to ..... , 19....., that I last saw the deceased alive on ..... , 19....., and that death occurred at ..... , 19....., from the causes and on the date stated above. SIGNATURE <i>Howard W. Morris</i> (Degree or title) <i>Decoy</i> ADDRESS <i>615A</i> DATE SIGNED <i>6/22/51</i>			
23. BURIAL, CREMATION REMOVAL, (Specify) <i>Burial</i>	DATE THEREOF <i>June 24, 1951</i>	NAME OF CEMETERY OR CREMATORIAL <i>Emmanuel Cemetery</i>	LOCATION (City, town, or county) <i>Towson</i> (State) <i>Md.</i>
DATE REC'D BY LOCAL REG. <i>June 23, 1951</i>	REGISTRAR'S SIGNATURE <i>Grace L. Hutchins</i>	24. FUNERAL DIRECTOR ADDRESS <i>Wm. H. Hutchins Curings Md.</i>	



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05799

51

Reg. Dist. No.

## CERTIFICATE OF DEATH

1. PLACE OF DEATH. COUNTY <u>Calvert</u> , MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <u>Maryland</u> , COUNTY <u>Calvert</u> .			
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN <u>Sunderland</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Dunkirk</u> m.d.			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)	(First) <u>Edward</u>	(Middle) <u>S.</u>	(Last) <u>Freelon</u>		
4. DATE OF DEATH	5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)		
6 - 16 - 19	m	C	8. DATE OF BIRTH		
Sept-20-1947			9. AGE last birthday 3 yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
<u>James</u>	<u>Frances</u>	<u>Maryland</u>	<u>USA</u>		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
<u>James Freelon</u>	<u>Frances Dunn</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS			
(If yes, give war or dates of service)		<u>James Freelon, Dunkirk m.d.</u>			
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause <u>878.0</u>	(a) _____	Poisoning <u>Sodium Nitrite</u>			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>179 X</u>	(b) _____	<u>Original</u>			
(c) <u>Autopsy Report to Hospital</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Child</u> / <u>Husband</u> / <u>Wife</u> / <u>Children</u> / <u>Died</u> / <u>Autopsy</u>					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	to hospital - autopsy performed <input checked="" type="checkbox"/> AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE	(Specify) Acc.	PLACE (Home, farm, factory, street, OF office bldg., etc.) Injury	(CITY OR TOWN) Home	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) 6-16-51	(Hour) m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>Ingestion of overdose of sodium nitrite.</u>	
22. I hereby certify that I attended the deceased from ..... , 19....., to ..... , 19....., that I last saw the deceased alive on ..... , 19....., and that death occurred at ..... , 19....., P.m., from the causes and on the date stated above.					
SIGNATURE <u>Howard D. Ward</u>	(Degree or title)	ADDRESS <u>Orme</u>	DATE SIGNED <u>7-9-51 - ams</u>		
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>6-19-51</u>	NAME OF CEMETERY OR CREMATORIAL <u>Walkers Chapel</u>	LOCATION (City, town, or county) <u>Calvert A.A.</u>	(State) <u>md</u>	
DATE REC'D BY LOCAL <u>6-18-51</u>	REG. <u>Howard</u>	REG. <u>Howard</u>	24. FUNERAL DIRECTOR <u>P.E. Sewell Prince Frederick</u>	ADDRESS <u>md</u>	

DEPARTMENT OF  
INVESTIGATION

BUREAU X-3  
JUN 26 1951

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

65800  
Reg. Dist. No.

51

1. PLACE OF DEATH-COUNTY <i>Cabell</i>		2. USUAL RESIDENCE (HOME) OF DECEASED-STATE <i>MARYLAND</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		LENGTH OF STAY (in this place) <i>4 mos</i>	
TOWN <i>Prince Frederick</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Charys</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Cabell County Hospital</i>		STREET ADDRESS <i>Charys</i>	
3. NAME OF DECEASED (First) <i>Caroline</i>	(Middle) <i>Priscilla</i>	(Last) <i>Hardisty</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>June 27 1951</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>S</i>	8. DATE OF BIRTH <i>Feb. 15 1879</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>domestic</i>	9. AGE last birthday <i>72 yrs.</i>
11. BIRTHPLACE (State or foreign country) <i>Cabell County W. Va.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13. FATHER'S NAME <i>William E. Hardisty</i>		14. MOTHER'S MAIDEN NAME <i>Martha Ella Chany</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT AND ADDRESS <i>miss Martha Hardisty - Chany</i>		18. MEDICAL CERTIFICATION <i>Parkinson's disease</i>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause <i>4500</i> Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>87c</i>			
(a) <i>arteriosclerosis</i>			
(b) <i>arteriosclerosis</i>			
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, of office bldg., etc.) <i>INJURY</i>	(CITY OR TOWN) <i></i>	(COUNTY) <i></i>
TIME (Month) (Day) (Year) (Hour) OF INJURY <i>11 A.m.</i>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-6</i> , 19 <i>51</i> , to <i>6/27</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>6/27</i> , 19 <i>51</i> , and that death occurred at <i>11 A.m.</i> , from the causes and on the date stated above.			
SIGNATURE <i>H. Weems</i>	(Degree or title) <i></i>	ADDRESS <i>Huntington</i>	DATE SIGNED <i>6/28/51</i>
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>June 29 1951</i>	NAME OF CEMETERY OR CREMATORIUM <i>Shiloh Cemetery</i>	LOCATION (City, town, or county) <i>Blawkrk, Md</i>
DATE REC'D BY LOCAL REG. <i>6/28/51</i>	REGISTRAR'S SIGNATURE <i>H. H. Ward</i>	24. FUNERAL DIRECTOR <i>A. A. Warken &amp; Son - Mutual, Inc.</i>	

**RECEIVED**

JUL 1 1951

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05801

Reg. Dist. No. 5-2

## CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>H. Frederick</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Calvert Co Hospital</i>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <i>John</i>	(Middle) <i>C.</i>	(Last) <i>Ward</i>
4. DATE OF DEATH <i>6-8-51</i>	(Month) <i>6</i>	(Day) <i>8</i>	(Year) <i>1951</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <i>6-8-51</i>
9. AGE last birthday yrs. <i>61</i>	If under Months. <i>0</i>	10. BIRTHPLACE (State or foreign country) <i>Maryland</i>	If under 24 hrs. Days <i>0</i>
11. CITIZEN OF WHAT COUNTRY? <i>USA</i>	If under Hours <i>0</i>	12. CITIZEN OF WHAT COUNTRY?	If Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	14. MOTHER'S MAIDEN NAME <i>Martha Hollaud</i>	
13. FATHER'S NAME <i>Elseworth Ward</i>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS <i>Martha Hollaud, Pleasant St.</i>
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
776X	Immediate cause <i>Brevalue</i>	(a)	
159	Antecedent cause(s) <i>None</i>	(b)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) <i>None</i>	PLACE (Home, farm, factory, street, of office bldg., etc.) <i>None</i>	(CITY OR TOWN) <i>Huntingtown Md</i>
TIME (Month) <i>6</i>	(Day) <i>8</i>	(Year) <i>1951</i>	(COUNTY) <i>Calvert Co. Md</i>
OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <i>None</i>
22. I hereby certify that I attended the deceased from <i>6/8</i> , 19 <i>51</i> , to <i>6/8</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>6/8</i> , 19 <i>51</i> , and that death occurred at <i>10 noon</i> , from the causes and on the date stated above.			
SIGNATURE <i>John W. Ward</i>	(Degree or title) <i>None</i>	ADDRESS <i>Huntingtown Md</i>	DATE SIGNED <i>6/8/51</i>
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE <i>6-10-51</i>	NAME OF CEMETERY OR CREMATORIAL <i>St Edmonds</i>	LOCATION (City, town, or county) <i>Calvert Co. Md</i>
DATE REC'D BY LOCAL REG. <i>6/9/51</i>	REG. <i>VS-A15</i>	REGISTRAR'S SIGNATURE <i>Vergel P. Carpenter</i>	FUNERAL DIRECTOR <i>A.E. Sewell, Peoria, Frederick, Md</i>
1060812-4326V			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T  
VS-A15

RECEIVED  
BUREAU U.S.

JUN 15 1951

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05802

## CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <i>Maryland</i>		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Huntingtown Md.</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Huntingtown Md.</i>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <i>(If rural, give location)</i>		
3. NAME OF DECEASED (Type or Print)	(First) <i>Harvey</i>	(Middle) <i>F</i>	(Last) <i>Longs</i>	
4. DATE OF DEATH <i>6/18/57</i>	(Month)	(Day)	(Year)	
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>married</i>	8. DATE OF BIRTH <i>Feb 29 1881</i>	
9. AGE last birthday If under 1 year Months <i>70 yrs.</i>	10. KIND OF BUSINESS OR INDUSTRY <i>Farm Owner</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>James Longs</i>	14. MOTHER'S MAIDEN NAME <i>T</i>	15. WAS DECASSED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>33IX</i>		
16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS <i>Elie Longs, Washington D.C.</i>		
18. MEDICAL CERTIFICATION <i>Cerebral accident.</i>				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause <i>Antecedent cause(s)</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>83a</i>			Interval Between ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>				
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Jan 1950</i> to <i>1951</i> , that I last saw the deceased alive on <i>6-18</i> , 19 <i>51</i> , and that death occurred at <i>2 p.m.</i> from the causes and on the date stated above. SIGNATURE <i>R. E. Seawell</i> ADDRESS <i>Huntingtown Md.</i> DATE SIGNED <i>6/18/57</i>				
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>6-20-51</i>	NAME OF CEMETERY OR CREMATORIAL <i>Patuxent</i>	LOCATION (City, town, or county) <i>Calvert</i>	(State) <i>Md.</i>
DATE REC'D BY LOCAL REG. <i>6-18-57</i>	REGISTRAR'S SIGNATURE <i>A. H. Ward</i>	24. FUNERAL DIRECTOR <i>R. E. Seawell Prince Frederick Md.</i>	ADDRESS	

BUREAU U.S.

JUN 26 1951

REGISTRY

PLEASE PRINT PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05803

51

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County Cabell

City or town Prince Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 weeks

Hospital, institution, or street address where death occurred:

Cabell County Hospital

How long in hospital or institution? 2 weeks

## 3. (a) FULL NAME

William Henry McKenzie

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Cora McKenzie

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1875

8. AGE: Years

75

Months 6

Days 8

If less than one day

hrs. min.

9. Birthplace Open Hill - Maryland

(Town, county, and state)

10. Usual occupation Tenant Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name William McKenzie

13. Birthplace Md

14. Maiden name Lansa King

15. Birthplace Md

16. Informant Cora McKenzie

Address Basaltown, Md

17. Burial

Date thereof June 5, 1957  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or cemetery

Christ Church

Location

Port Republic, Md

18. Funeral director

A. H. Darkness &amp; Son

Address

Wirtland, Md.

19. 6/2/57

t9. (Date rec'd by registrar)

H. W. Ward

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harwood

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

22.

## 3. (b) Social Security Number

320

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1951 at 4:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2 May 1951 to 2 June 1951

and that I last saw him alive on 1 June 1951

Immediate cause of death

Cerebral hemorrhage

Due to

Due to

Other conditions

153X

(Include pregnancy within 3 months of death)

46e Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. W. Ward

M. D. or other

6/2/51

Address Hubertown, Md Date signed 6/2/51

RECEIVED  
JUN 7 1951

BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05804

Reg. Dist. No. 51

## CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY <i>Cabret</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>MARYLAND</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Banslow</i>		LENGTH OF STAY (in this place) <i>life</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS <i>Banslow</i>	
3. NAME OF DECEASED (Type or Print)	(First) <i>Margaret</i>	(Middle) <i>W</i>	(Last) <i>Robinson</i>
4. DATE OF DEATH <i>June 29 1951</i>	(Month)	(Day)	(Year)
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>W</i>	8. DATE OF BIRTH <i>Oct. 16 1874</i>
9. AGE last birthday yrs. <i>76</i>	If under 1 year Months <i>2</i>	Days <i>1</i>	Hours <i>15</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>Cabret County, Md</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
13. FATHER'S NAME <i>Walter B. Williams</i>	14. MOTHER'S MAIDEN NAME <i>Anne Rebecca Denton</i>	15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT AND ADDRESS <i>Margaret Robinson Trott - Banslow</i>	18. MEDICAL CERTIFICATION <i>Coconery Declination</i>	
INTERVAL BETWEEN ONSET AND DEATH <i>"</i>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause <i>420.1</i>		(a) <i>Coconery Declination</i>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause first <i>94a</i>		(b) <i>Hypertension</i>	
		(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <i>19b. MAJOR FINDINGS OF OPERATION</i>	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>		
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>INJURY</i>	(CITY OR TOWN) <i></i>	(COUNTY) <i></i>
(STATE) <i></i>			
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6/28</i> , 19 <i>51</i> , to <i>6/29</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>6/28</i> , 19 <i>51</i> , and that death occurred at <i>11 a.m.</i> from the causes and on the date stated above. SIGNATURE <i>Jane Pittman</i> ADDRESS <i>6/30/51</i> DATE SIGNED <i>6/30/51</i>			
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>July 1, 1951</i>	NAME OF CEMETERY OR CREMATORIY <i>Central Cemetery</i>	LOCATION (City, town, or county) <i>Banslow</i>
VS. A13	REG. DATE REC'D BY LOCAL REG. <i>6/30/51</i>	REGISTRAR'S SIGNATURE <i>J. W. Ward</i>	24. FUNERAL DIRECTOR ADDRESS <i>A. A. Harkness &amp; Son - Mutual</i>



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05805

## CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
<i>Calvert</i>		<i>Calvert</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
<i>Lusby</i>		<i>Lusby</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
		(If rural give location)	
3. NAME OF DECEASED (Type or Print)	(First) <i>Allie</i>	(Middle) <i>George</i>	(Last) <i>Stinnett</i>
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH
<i>Male</i>	<i>white</i>	<i>Married</i>	<i>March 22, 1893</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday
<i>Farming</i>		<i>Farm Tenant</i>	54 yrs.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<i>George Stinnett</i>		<i>Mandy Bettas</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
(If year, give war or dates of service)		<i>Mrs Melvin Gardner</i>	
17. INFORMANT			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <i>Tuberculosis</i>			
Antecedent cause(s) (b) <i>008X</i>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>13</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
OF INJURY	m.				

22. I hereby certify that I attended the deceased from <i>3/2</i> , 19 <i>51</i> , to <i>6/24</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>6/25</i> , 19 <i>51</i> , and that death occurred at <i>3 A</i> m., from the causes and on the date stated above.					
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED <i>6/26/51</i>		

23. BURIAL, CREMATION REMOVAL (Specify)	DATE <i>June 27/51</i>	NAME OF CEMETERY OR CREMATORIAL <i>St. Paul</i>	LOCATION (City, town, or county) <i>Piney Branch Md.</i>	(State) <i>(State)</i>
DATE REC'D BY LOCAL REG.	REG.	REGISTRAR'S SIGNATURE <i>Grace L. Hutchins</i>	24. FUNERAL DIRECTOR	ADDRESS <i>Tom H. Hutchins, Owings, Md.</i>
<i>June 26, 51</i>				
				100105



JUL 6 1951